



MEDICAL MINUTE

Vol. 3, No. 9

Serving the members of Tripler Army Medical Center and Pacific Regional Medical Command

October 2002

Early detection saves lives

Staff Sgt. Michelle J. Rowan

Editor

"It's not in my family." "I'm only 35." "I'm in perfect health." "I'm not going to get breast cancer."

If you are among the many women who think that breast cancer could never happen to you, a few special members of the Tripler Army Medical Center ohana have some news for you.

As part of Breast Cancer Awareness Month, members of Tripler's Breast Cancer Survivors Group are spreading the word that the most common cancer in women doesn't discriminate and that early detection can save lives. Each Tuesday and Wednesday from 10 a.m. to 2 p.m. during the month of October, group members man a booth in the mountainside lobby handing out pink ribbons and stressing the importance of monthly self-exams and mammograms to passers-by.

"I was the quintessential 'it ain't going to happen to me' gal," said Alta Renton, one of the breast cancer survivors who volunteers at the booth. She said it was only a year ago that she would have walked right by a booth such as hers without so much as even a glance. "I didn't want to know

See **BREAST CANCER**, page 8



Staff Sgt. Michelle J. Rowan

TEAM UP FOR FIRE SAFETY

Fire fighter Carlton Handley of Federal Fire Station #3 on Tripler hill shows Johnathan Zimmerman, 5, and Katie Lewington, 5, some of the features of a fire truck outside Tripler's oceanside entrance Oct. 9. The firemen were on-hand as part of National Fire Prevention Week. This year's theme was "Team Up for Fire Safety."

Combined federal campaign ends Nov. 15

TAMC Public Affairs Office

The Combined Federal Campaign (CFC) is off and running and will continue through Nov. 15. The CFC has more than 1,400 charity organizations ranging from international and national organizations to local associations.

Capt. Scott Newberg, Tripler Army Medical Center's project officer, said the campaign is truly a worthwhile way to help thousands of people. Contributors can also "look at it as an investment in yourself," he said.

According to CFC literature, in the U.S. one in every two people, in a lifetime, is helped or benefits from a CFC charity.

Tripler staff members can expect a visit from one of 35 unit representatives who will distribute information and a list of possible charities. Those considering donations can give as little or as much as they wish.

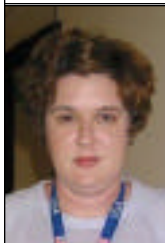
In addition, informative briefs and speakers will give a personal touch to the campaign during presentations in the Kyser Conference Room Oct. 28, 30, 31 and Nov. 4. Briefs will be held at 9 a.m., 11 a.m., 1 p.m. and 3 p.m. on each of these days.

This year's slogan is "Standing Together As One," said Newberg.

For more information on the CFC campaign, call Newberg at 433-2657 or Master Sgt. Surendra Mangra at 433-3588.

FEEDBACK

A place to voice your opinion
What Tripler program, department,
section or staff member would you
like to see get recognized? Why?



Tabitha Oldham, Quality Services Division — "The Human Animal Bond Program — Animals always seem to put a smile on everyone's face."

Yolanda A. Johnson, Administrative Services Branch, Information Management Division — "Michael Jordan of IMD — It was great to have some sunshine during training."



Kupa Tripp, Information Management Division — "Silton Buendia of Audio/Visual — He maintains audio/visual support as well as video teleconference support for Tripler."

Sgt. 1st Class Rocky DeBose, Department of Pathology and Area Lab Services — "Tripler's Blood Donor Team — They continue to perform at an excellent level despite the long hours and grueling collection schedule."



Kim Grubbs on behalf of the entire Specialized Nursing Care Center — "Christina Sakamoto, our Wound/Ostomy registered nurse — She really bends over backwards for patients and is invaluable to the SNCC."

COMMENTARY

PAO explains use of ranks, titles

Margaret Tippy

TAMC Public Affairs Officer

Overheard in a Tripler Army Medical Center elevator while two people are reading our September newspaper *Medical Minute*, "Jeez, you'd think the PAO would get military ranks right in their newspaper ..."

News flash! We do get the military ranks "right" or correct. What we haven't explained to the staff before is the ranks we use are guidelines from the Associated Press or AP. We use these ranks because they are understood by a majority of people — both military and civilian. That's why you'll see lieutenant colonel in the newspaper as "Lt. Col.," instead of "LTC."

We want the greatest number of people to understand what we write. Ditto on titles such as "Margaret Tippy, Public Affairs officer." The officer is lowercased because with AP Style guidelines, when the title is after the name, the position is lower case. This applies to everyone.

Next time you read a civilian newspaper, recognize how the president — not the President — is addressed. It's correct

to write "President George W. Bush" or "George W. Bush, president of the United States." And on second reference, it's correct to write "Bush" or "the president."

Same common-sense guidelines apply to times. We use civilian times because the majority of people understand "3 p.m." while many aren't sure what "1500 hours" means.

Just the quirks of journalism — which come to think about it — applies to most professions. When writing term papers in college, we had to follow guidelines put out by the college in a certain manner to identify our references and give credit to other sources.

It also makes it much easier for us to send out our press releases to civilian and military publications — most of which follow AP Style guidelines. One exception that is near and dear to all our hearts is the Medical Command's *Mercury* newspaper. The staff chooses not to use AP Style and this is pointed out each year when they compete for journalism awards throughout the Army.

So, if you have any questions about why things are the way they are in our newspaper, please don't hesitate to ask us!

LETTER TO THE EDITOR

Thanks for donations

Aloha Tripler ohana! Thank you so much for your generous donations of magazines to the Tripler Community Library. We appreciate your thoughtfulness. We would love to continue to take all your magazines, but unfortunately because of space constraints we will only be able to accept current year magazines from now on.

Again, thank you for your support of the library.
— **Christen A. Kobayashi**
Community Librarian

CSM's HANDSHAKE OF CONCERN



October

**"Don't follow the path;
begin the trail"**

Medical Minute

<http://www.tamc.amedd.army.mil>

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Public Affairs Officer Margaret Tippy
Editor Staff Sgt. Michelle J. Rowan
Public Affairs Specialist Heather Paynter

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COMMENTARY

Should women continue to use HRT

Women encouraged to speak with physician before changing regimes

Maj. (Dr.) John L. Frattarelli

Chief, TAMC Reproductive Endocrinology Infertility Service

The Women's Health Initiative (WHI) study recently published in the *Journal of the American Medical Association* has created much discussion and concern over the treatment of women with hormones. As physicians, we like to think that women have been using hormones for the future benefits of decreased colon cancer risk, decreased osteoporosis and fracture risk, decreased urinary symptoms, and decreased Alzheimer's disease. However, most women take hormone replacement therapy (HRT) for the immediate symptomatic relief of hot flashes, which often occur at the onset of menopause.

An important concept that is often not considered when evaluating medical research is "clinical relevance." A study that reaches "scientific statistical significance" is not necessarily "clinically" relevant to an individual patient. The WHI study is a prime example of this concept. The WHI study is a large well-designed study. A large study is more likely to find statistical significance; however, this does not always translate into clinical significance for an individual patient.

For the individual, the benefits and risks are extremely small for the outcomes evaluated by the WHI study. The study found statistical significant risk for women on HRT and subsequent development of heart disease, breast cancer, pulmonary embolism and stroke; however, when these risks are applied to the individual the risk is minimal.

Women who are planning to take HRT should be aware that they have a less than one tenth of one percent per year increased risk of being diagnosed with breast cancer, having heart disease, or stroke and a less than two tenths of one percent per year increased risk of having a pulmonary embolism. Likewise, there is a less than one tenth of one percent per year decreased risk of having a hip fracture or being diagnosed with colon cancer.

Most women take HRT for relief of hot flashes and not to prevent colon cancer, heart disease, urinary symptoms, or osteoporosis. Likewise, many women take HRT to feel better and sleep better. Women who experience hot flashes often have difficulty sleeping. A poor night's sleep translates into decreased energy during the day and an altered mood. This ultimately affects the woman's quality of life. Many studies have demonstrated the hormones produce statistical, clinical, and individual significant

improvement in hot flashes and thus quality of life. As this data is irrefutable, hot flashes were not an outcome evaluated by the WHI study.

With the risk to benefit ratio found in the WHI study, there is no clinically significant reason why women should not continue to take HRT for the purpose of relieving hot flashes and improving their quality of life. An individual that does not have hot flashes may not need HRT. Every woman is an individual and should be treated as such. The authors of the WHI study, the American College of Obstetricians and Gynecologists, and the American Society for Reproductive Medicine have stressed this individualization of therapy.

Most of the risks and benefits demonstrated by the WHI study are not new news. We already knew the impact of HRT on breast

cancer, colon cancer, blood clots, and stroke: the WHI study simply confirmed previous research. This study did provide one piece of interesting data. Previously, HRT has been touted as being protective for the heart. This large well-designed study clearly shows that HRT is not protective on the heart and that as women age they are at increased risk for heart disease.

In a preliminary statement, the American College of Obstetricians and Gynecologists responded "... the magnitude of the actual risk is small for individual women." The American Society of Reproductive Medicine commented that

"Women who are planning to take HRT should be aware that they have less than one tenth of one percent per year increased risk of being diagnosed with breast cancer, having heart disease or a stroke ..."

— Maj. (Dr.) John L. Frattarelli

Chief of Tripler's Reproductive Endocrinology Infertility Service

"data from the WHI make it clear that the risks of the population at large, with millions of women treated with combined HRT for many years, make this an important public health care issue, but it is important to remember that the risks to each woman are very small ... Estrogen remains the most effective treatment for vasomotor and other symptoms of estrogen deficiency appearing at the time of menopause.

"These symptoms can be incapacitating to some women; moreover, for many women only estrogen provides relief. The benefit of HRT on vasomotor and genitourinary symptoms was not considered in evaluating the global risks and benefits in this study. It should be remembered that managing these symptoms is the primary reason for providing HRT to women."

Importantly, one must remember that only one part of the study was stopped. The women who are receiving estrogen alone have not demonstrated different outcomes from those receiving placebo. Likewise, there are many hormone combinations available. This study evaluated only one brand of HRT. Hormones are like house keys they all look alike but they do not necessarily open the same doors. Therefore, the conclusions this study makes cannot be translated to other HRT regimens. Women are encouraged to speak to their physicians prior to discontinuing or changing their HRT regimens.

National Physical Therapy Month

Open House to celebrate PT profession

1st Lt. Carrie Schneider

TAMC Physical Therapy Section

Physical therapists from Tripler Army Medical Center and from around the nation are celebrating their profession this month. October is National Physical Therapy month and Tripler therapists will be sharing their knowledge with staff and patients Oct. 31

from 11:30 a.m. to 1:30 p.m. in the Tripler Physical Therapy Clinic on the third floor, F wing.

“At the open house on the 31st, we will have four booths set up: postural assessment, flexibility testing, running shoe evaluation/recommendations and balance screening,” said Maj. Christy Bigham, a Tripler physical therapist.

According to Bigham, there will also be information on a variety of physical therapy topics and refreshments will be served.

According to historical reports provided by the Center of Military History, the physical therapy profession dates back to World War I, when individuals known as “reconstruction aides” were trained to rehabilitate wounded veterans. The Army Medical Department recognized the need for a formalized physical therapy course of instruction during the early 1920s. The four-month course began in the fall of 1922 at Walter Reed General Hospital and was comprised of civilian students that worked in military hospitals after graduation.

In 1942, therapists were granted relative military rank and graduates could apply for commissioning upon completion of the program. Soon after World War II, physical therapists on active duty were included in the newly established Women’s Medical Specialist Corps, and the course work was moved to its current location at Fort Sam Houston, Texas. Male therapists were accepted into the Corps in 1955, and the name of the Corps was officially changed to the Army Medical Specialist Corps.

Today’s military physical therapists practice in a wide variety of settings. The Army has physical therapists assigned to units worldwide, including the continental U.S., Alaska, Hawaii, Germany, Korea, Egypt and Bosnia.

Bigham said a patient treated at Tripler is seen on an inpatient or outpatient basis with problems ranging from musculoskeletal injuries in the elbow, shoulder, back, hip, knee, ankle and foot to muscle strains and overuse injuries. Orthopedic surgery and bone fractures also may require the skill of a therapist to get the patient moving around as much as possible.

“We love to help people,” Bigham said. “Seeing the patient get better, restoring them back to their previous level of activity and successfully teaching them to modify their lifestyle to deal with their injury are just some of the rewards for me as a PT.”

The Army sponsors several training programs for physical therapists and technicians. The U.S. Army-Baylor University Graduate Program in Physical Therapy, located at Fort Sam

**Stop by and check out
the Physical Therapy
Open House
Oct. 31
11:30 a.m. to 1:30 p.m.
3rd floor, F wing**



Staff Sgt. Michelle J. Rowan

Maj. Christy Bigham, a physical therapist at Tripler, performs a knee evaluation on a patient.

Houston, provides entry-level education for Army, Air Force, Navy and Public Health Service physical therapists. This program consists of 27 months of didactic and clinical education, and graduates receive a Doctorate of Physical Therapy Degree (DPT). Also located at Fort Sam Houston is the physical therapy technician course for all branches of military service. The Army also sponsors two Doctorate of Science in Physical Therapy programs (DScPT), either through the Orthopedic Residency Program at Fort Sam Houston, or the Sports Medicine Residency Program at West Point.

Together, they provide both outpatient and inpatient care to active duty service members of all branches of service, retirees and family members. The physical therapy staff treats individuals with a variety of impairments, including joint sprains and muscle strains, arthritis, stroke rehabilitation, low back and neck pain, problems with balance, rehabilitation after surgery, disabilities in newborns, pre- and postnatal care, fractures and decreased level of functioning due to prolonged bed rest and disease. Techniques such as therapeutic exercise, joint and soft tissue mobilization, gait training, patient education and other methods to promote proper movement, maximize function and reduce pain are also utilized.

Flu vaccinations set

TAMC Public Affairs Office

Tripler Army Medical Center has received supplies of the flu vaccine to vaccinate all eligible military beneficiaries. The vaccine is being distributed to all military medical service clinics.

Tripler's Allergy & Immunization Clinic immunization hours for retirees and family members are 8 a.m. to 3 p.m. Nov. 7, 12 and 14. Beginning Nov. 15 shots will be given during the clinic's regular immunization hours: Tuesdays from 1 to 3 p.m., Wednesdays from 9 to 11:30 a.m. and Thursdays from 9 to 11:30 a.m., said Col. (Dr.) Aparna Shah, chief of Tripler's Allergy & Immunization Clinic. The Immunization Clinic is located on the fourth floor, mountainside and may be reached at 433-3101.

The shots will also be given at Primary Care Manager (PCM) sites or clinics on the island. Patients may check with their PCM to find out times and dates of immunization.

"While influenza can cause mild to moderate illness lasting two to seven days in otherwise healthy individuals, by far the greatest number of hospitalizations and deaths are in elderly persons or individuals with high risk medical conditions," said Col. (Dr.) Glenn Wasserman, chief of Tripler's Department of Preventive Medicine.

The following are the Centers for Disease Control and Prevention's (CDC) recommendations for people at high risk for complications from influenza and who need to get the vaccine:

1. People 65 or older;
2. Residents of nursing homes and other chronic-care facilities that house people of any age who have chronic medical conditions;
3. Children and adults who have chronic disorders of the pulmonary or cardiovascular systems, including asthma;
4. Children and adults who have required regular medical follow-up or hospitalization during the preceding year because of chronic metabolic diseases (including diabetes mellitus), renal dysfunction, hemoglobinopathies, or immunosuppression (e.g., caused by medications or human immunodeficiency virus);
5. Persons aged 6 months to 18 years who are receiving long-term aspirin therapy and therefore might be at risk for developing Reye Syndrome after influenza; and
6. Women who will be in the second or third trimester of pregnancy during the influenza season.

More information about the influenza vaccine is available from the CDC Web site at www.cdc.gov.

Tuition cap increases

Michelle Bard

Army News Service

Soldiers now have more money to pay for their education because of changes to the Department of Defense's tuition-assistance policy.

Beginning Oct. 1, the Army's Tuition Assistance program will pay up to the new cap of \$250 per semester hour of credit and an annual ceiling of \$4,500 to soldiers enrolled in a post-secondary school. The policy also covers textbooks if they are included in the school's tuition rates.

Under the old policy, the tuition-assistance grant was up to 75 percent of tuition, capped at \$187.50 per semester hour and \$3,500 a year.

"This policy offers greater opportunities for those who want to continue their education," said Janice Yoo, Tuition Assistance program manager at the Total Army Personnel Command in Alexandria, Va.

The increase was in response to changes made in law (10 USC 2007) two years ago. A revision to Army Regulation 621-5 is currently being staffed, officials said.

Yoo said the policy could not be implemented immediately when it was enacted.

"We couldn't snap our fingers and change it," Yoo said. "Additional funds had to be programmed to support the change."

There is a misconception that the new tuition assistance will always cover 100 percent of tuition, Yoo said. However, the Army will pay 100 percent only if the institution's fees are \$250 per semester hour or less. If the fees exceed \$250, the Army will not pay more to cover the difference, she said.

"If you are really strapped for cash, federal grants are available. You can still apply for Pell grants," Yoo said.

Enrolled soldiers may also draw funds from their Montgomery GI Bill (MGIB). Active-duty soldiers can receive up to \$32,400 for 36 months or more of service effective Oct. 1.

Soldiers enrolled in the MGIB, and who have also been on active duty for at least two years, can elect to use part of their MGIB entitlement to cover tuition costs which exceed the Tuition Assistance cap.

Come check out ... Tripler Army Medical Center's

Haunted House



& Harvest Festival

**Oct. 29 and 30 from 6 to 10 p.m. at the
Tripler Physical Fitness Center**

Admission: \$3 for Haunted House; \$1 for Harvest Festival

Open to all DoD ID cardholders



Cake Walk

Food

Fun

Pumpkins

Storyteller

Face
painting

All proceeds from event will benefit the ACS Christmas Basket Program.

Soldiers take to field for PACWAR 2002

Heather Paynter

TAMC Public Affairs Office

Soldiers from Tripler Army Medical Center and the U.S. Army Health Clinic at Schofield Barracks refreshed their field skills during Pacific Warrior 2002, an exercise involving the simulation of a field hospital. The exercise began Sept. 5 with the construction phase and was completed Sept. 20.

Lt. Col. Nancy Hughes, Tripler's director of the Obstetrics/Gynecology Nursing Section and chief nurse for Pacific Warrior, said the objective of the exercise was to set up a hospital and have it operating as a functioning unit in a short period of time. Taking the hospital down was also an important part of the training.

"If we can do it here, we can do it anywhere," she said.

According to Hughes, there are numerous training benefits involved with Pacific Warrior including instruction on stress, shock, trauma, decontamination and weapons training. Other training involves the use of radios and forklift operation; roles that medics and nurses aren't typically accustomed to while working at Tripler or at the Schofield Barracks clinic.

However, this training has a purpose as soldiers may find themselves setting up a field hospital in any number of places. Tripler Pharmacy Technician Sgt. Matthew Howell took part in a hospital exercise in Korea in 2000 where the hospital had already been in place. This time around, he had the experience of helping to set up the previously vacant area at Schofield Barracks and turn it into an operating medical facility.

"It was easier when it had already been set up, but I learned more this time around," he said.

Preparing for Pacific Warrior takes months of organization, though the actual operation takes place in approximately two weeks. "Staking began on (September) third," said Lt. Col. Barbara Gilbert, chief of Clinical Nursing at Schofield Barracks.

Groups were split into teams of 10 to handle power and water. Spc. Kelly Hilson worked with the power team and



Photos by Heather Paynter

Safety NCOs monitor firing lanes during an M-16 qualification range Sept. 11.

also handled patient care. Her responsibilities included healthcare duties she performs on an everyday basis in addition to setting up generators and air conditioners.

"The environment here is different," said Hilson when asked about her impression of Pacific Warrior. "It gives me an idea of the setup we would have if we really had to do this."

1st Lt. Ericka Napier said the exercise is a unique learning experience. "Here, nursing doesn't change, but the equipment does."

Two groups came out and stayed, days and nights, for one week at a time, but key personnel were there for two weeks. "One group puts up, trains and the second group comes in, trains and takes down," Hughes said.

Lt. Col. (Dr.) Richard Stack, chief of Surgery for Pacific Warrior, oversaw actual surgeries and procedures, including tonsillectomies and cyst removals, performed by Tripler and Schofield OR (operating room) personnel as well as reserve physicians.



Maj. Dan McKay (far right) and Spc. Rohan Ryan prepare a patient for surgery.

"There are two ORs, and we are doing eight surgeries today (Sept. 11)," he said. "Safety is our primary concern here."

Two surgery days with active-duty patients were scheduled at the facility that also housed a 12-bed Intensive Care Unit and a 20-bed ward. The patients voluntarily allowed their surgeries to be performed at the field hospital.

Pacific Warrior is held on a regular basis to prepare medical personnel for a go-to-war or humanitarian mission and to provide required field training for soldiers.



Capt. (Dr.) Thomas Nowlin performs a tonsillectomy Sept. 11 during Pacific Warrior at Schofield Barracks.



Above, an ambulance stands ready for action during the exercise, which took place Sept. 5-20 at Schofield Barracks.

At right, Spc. Delicia Kennedy prepares instruments for surgery during Pacific Warrior. Tripler staff performed a total of 17 surgeries at the field hospital.



BREAST CANCER:

Self-exams, mammograms most important tools

Continued from page 1

about (breast cancer); I didn't want to hear about it; I didn't want to discuss it. That wasn't going to happen to me."

But it did, and in February 2002, Renton was diagnosed with breast cancer.

"Now that I've been there and done that, I'm an advocate," she said.

Esther Takenaka has been a member of the survivors group for more than four years. In addition to volunteering at the group's booth at Tripler each October, Takenaka also participates in the American Cancer Society's Reach to Recovery and Tell a Friend programs.

"It's all about helping other women and making them aware of how important early detection is," she said. "There was no case history of the disease in my family. I was the healthiest person in my family. If it can happen to me, then it can happen to you."

Tripler's Breast Cancer Survivors Group has 40 to 50 members ranging in age from about 24 to 80 years old.

"Although risk for breast cancer increases with age, it can occur at any age as an adult," said Tracy Rasmussen, Tripler's Surgical Oncology nurse practitioner, who added that about 50 patients each year are diagnosed with breast cancer at Tripler.

Rasmussen, who is actively involved with Tripler's survivors group, said monthly self-exams and annual mammograms after the age of 40 are the best bet for

catching the disease at the earliest stage possible.

"There's been a lot of controversy lately over breast self-exams recently, but a majority of our patients find the lumps themselves," she said. "Neither (self-exams or mammograms) are perfect, but they do compliment each other."

Although there is no way to prevent breast cancer, Rasmussen said there are things women can do to put them at a lower risk for the disease.

They include: maintaining a healthy weight, exercising regularly, eating fruits and vegetables every day and limiting alcohol intake to a few drinks each week.

On the other hand, she said there are also factors that may put women at an increased risk of getting breast cancer.

They include: having a family history of breast cancer, beginning menstruation at an early age, beginning menopause at a late age, receiving hormone replacement therapy, never having children or having first child after the age of 30.

Women who think they might be at a higher risk for breast cancer can ask their primary care physician about getting a breast cancer risk assessment completed.

Tripler's Breast Cancer Survivors Group meets the first and third Thursdays of every month at 9 a.m. in the Radiation Therapy Service conference room on the first floor of Tripler's D wing. For more information on the group, call Rasmussen at 433-3449.



Ten things you should know about breast cancer

* About 80 percent of women who get breast cancer do not have a sister or mother who had breast cancer.

* Breast cancer doesn't only affect women; 1 to 2 percent of men get breast cancer.

* Survival rates are high for women diagnosed with early-stage breast cancer.

* Breast size doesn't affect risk for breast cancer; women have the same risk no matter what their breast size.

* Through early detection and improved treatment, more women than ever are beating breast cancer.

* During 2002, more than 200,000 cases of breast cancer are expected to occur among women in the U.S.

* Breast cancer is the most common cancer among women, but ranks second among cancer deaths in women. The most common cancer death is lung and bronchus cancer. Heart disease is the number one killer of American women.

* Most breast lumps are benign (not cancerous), but all lumps should be checked by a healthcare provider.

* There is no way to prevent breast cancer. However, maintaining a healthy weight, exercising regularly, eating fruits and vegetables and limiting alcohol intake can put women at lower risk for the disease.

* A woman's risk of developing breast cancer increases with age. About 77 percent of women with breast cancer are over age 50 at the time of diagnosis. Women younger than 30 years account for only 0.3 percent of breast cancer cases. Women in their 30s account for about 3.5 percent of cases.

(Information taken from the American Cancer Society's Web site at www.cancer.org or Tracy Rasmussen, Tripler Surgical Oncology nurse practitioner.)

DoD, VA joint venture program a success

Margaret Tippy

TAMC Public Affairs Officer

Success is the best way to describe the joint venture between Department of Defense's (DoD) Pacific Regional Medical Command (PRMC) and the Spark M. Matsunaga Veterans Affairs Medical & Regional Office Center (VAMROC) in Hawaii.

In total, approximately \$18 million in reimbursements for both clinical (\$15.7 million) and administrative services are part of the DoD and VA joint venture in Hawaii, said Brenda Horner, PRMC's program analyst in charge of the Joint Venture Program at Tripler Army Medical Center.

One reason for continuing growth is the fact that the VAs now completely physically located on the Tripler campus "which makes it easy to access services available to the veteran population," she said.

DoD has marked success in the following areas:

- * Tripler provides an estimated **1,000 specialty care visits and 210 emergency room visits** each month to veterans. In addition, Tripler averages 131 discharges per month of veteran patients.

- * **Secured Psychiatric Ward** for VAinpatients.

- * Tripler has saved the VAmoney by letting the VAuse a suite for gastrointestinal procedures for vets. The VAGI physician uses Tripler's facilities two half-days per week.

- * **Security** — "We provide all security on Tripler hill and VA reimburses us seven, full-time equivalents," Horner said.

- * **Housekeeping** — "VApays the actual contract cost for their square footage which includes its Center For Aging (CFA) and Ambulatory Care Clinic," Horner said.

- * **Nutrition Services** — "Tripler's Nutrition Care Division provides three meals a day and nourishment to patients in nursing care at the CFA which has approximately 60 beds," she said.

- * **Medical Maintenance and patient transport support** are also provided.

Tripler has been involved with ongoing agreements since the late 1980s with the VAwhen initial joint venture agreements were drafted.

Tripler has been providing inpatient beds to veterans since the 1930s. There are approximately 130,000 veterans in Hawaii, American Samoa, Guam and the Commonwealth of the Northern



Margaret Tippy

Karen Dudding, a VA Nurse Care coordinator, teaches a wound management class.

Marianas who are eligible for care at the VAMROC.

"One of the major contributors to our success in the clinical setting is Karen Dudding," Horner said.

"Karen, VANurse Care coordinator, actively manages veterans within Tripler and works with the Hospitalist Program coordinating the needs of the veterans and the specialty staff," Horner said.

The Hospitalist Program has three VApphysicians who work in conjunction with Tripler's Department of Medicine actively managing VApations. Residents and interns are also part of the program in terms of healthcare education, according to Horner.

Col. Linda Jellen, Tripler's chief of Social Work Service, sent a letter of commendation to Dudding outlining her tremendous contributions to patients.

"Her superior skills as a Nurse Case Manager have been repeatedly demonstrated by her ability to balance the needs of the individual VAB (Veterans Affairs Beneficiary) within the limits of available resources, effectively advocate for patients, and deal with barriers where they arise," Jellen wrote.

"She's a member of the Joint Venture Team," Horner said, "and a great asset to both Tripler and the VA."

Trick-or-Treating Reminder

Trick-or-treating hours for Fort Shafter, Tripler Army Medical Center and Aliamanu Military Reservation housing areas are 5:30 to 7:30 p.m. Oct. 31. Safety is key; parents should talk to their children on taking precautions when crossing streets and using sidewalks. Light-colored clothing or reflectors are recommended. Children under age 10 require an adult escort.

Tripler's Department of Radiology will X-ray candy Oct. 31 from 8 to 10 p.m. and Nov. 1 from 8 to 10 a.m. This service is available to those who are eligible for care at Tripler. Children must be accompanied by an adult. X-rays can't detect whether other potentially harmful substances such as fine glass, drugs, harmful fluids, poison or other tiny materials were added to the treated. Parents are strongly encouraged to visually inspect all candy prior to consumption.





Staff Sgt. Michelle J. Rowan

FIESTA

Sgt. 1st Class Matthew Parker, Tripler's Equal Opportunity NCO, dances with fellow Tripler staffer Sgt. Patricia Font Oct. 3 in Tripler's Dining Facility during a special hispanic heritage celebration meal. In addition to hispanic cuisine, the musical group Salsaloha was on-hand to provide entertainment in the facility's seating area. National Hispanic Heritage Month is celebrated Sept. 15 through Oct. 15.

Get TRICARE info any time

TRICARE Management Activity

It's early in the morning, late at night or your day off and you have questions about the TRICARE program and want answers now. Where can you get TRICARE information anytime?

With your home computer and Internet access, you can visit the Health Net Federal Services (HNFS) Web site at www.hnfs.net.

On the HNFS Web site, you can find information about TRICARE Prime, Extra and Standard benefits, verify eligibility, determine coverage and limitations, verify reimbursement rates, find a provider and much more.

The HNFS home page lists important contact information (Lead Agent, Military Treatment Facilities, TRICARE Service Centers), important phone numbers, a glossary of terms, and a comparison of the TRICARE Prime, Extra and Standard benefit

options. The "Benefits" choice is linked to the Prime Member Handbook, benefits and coverage charts for all programs, behavioral health services, pharmacy information and more.

For those who need to locate a physician, specialist, behavioral health provider or pharmacy, check out the "Provider Directory" link. The directory system is updated weekly and includes TRICARE Prime, Extra, Standard, TRICARE For Life, and TRICARE Prime Remote providers.

"Enrollment" links you to TRICARE Prime enrollment information (including enrolling your newborn) and other enrollment related forms. Have a question about a claim? Use the "Claims" link to access claims information or the appeal process.

For additional resources on TRICARE information, you may also visit www.TRICARE.osd.mil.

MINISTRY MOMENT

Chapel congregations join together for picnic

Chaplain (Capt.) Albert Ghergich

TAMC Department of Ministry and Pastoral Care

Tripler Army Medical Center's Chapel congregations joined together Sept. 22 for a chapel community picnic. The Catholic, Protestant and Orthodox congregations all enjoyed a day of fun, festivities, fellowship and food.

The picnic was held on the grounds of Troop Command. More than 200 people attended the picnic. There were many games and activities for the children. Pets and owners from TAMC's Human Animal Bond Program were also on hand to interact with the children.

Special thanks to Col. Paul Wingo and Command Sgt. Maj. Rafael Ruiz of Troop Command; Chaplain (Capt.) Ron Serban, the project officer; and a host of Chapel volunteers for making the day possible.

A complete slide show of the chapel community picnic may be viewed at the Department of Ministry and Pastoral Care's web page, under 'Departments' on the TAMC intranet.

Chapel Worship Schedule

Catholic services

Monday through Friday -- noon

Saturday -- 5 p.m.

Sunday -- 11 a.m.

Protestant services

Sunday -- 9 a.m.

For other religious groups, call 433-5727.

* The **hospital chapel** is located on the third floor, D wing in the Department of Ministry and Pastoral Care.

* A **meditation chapel** for personal prayer and devotion is open 24 hours a day on the sixth floor, room 007.

Nurse practices teamwork on, off water

Margaret Tippy

TAMC Public Affairs Officer

1st Lt. Nicole Candy, a Tripler Army Medical Center nurse, has many unique hobbies. One she is particularly proud of is being the only military member of the Healani Canoe Club. Healani is Hawaiian for heavenly mist.

"We have a pretty good mix of locally born paddlers — about 70 percent — and 'transplants' — about 30 percent — people who have moved here from the Mainland. I am currently the only military person on the team and my coaches really get a kick out of it!" she said smiling.

The soon-to-be-promoted captain works in Tripler's Specialized Nursing Care Center (SNCC) on the eighth floor and spends much of her off-duty time paddling. "A friend I played Lacrosse with on the Hawaii Women's Lacrosse team paddled for Healani and told me I should come out and give it a try," Candy said.

"My first paddle was what they call the 'Christmas paddle.' We paddled up on Waikiki beach in Santa hats, singing Christmas carols and handing candy out to the tourists lying on the beach. It was one week before Christmas, and it was a ton of fun. From then on I was hooked," she said.

Candy played lacrosse in college and participates in an international tournament each year in November. She also enjoys wakeboarding, tennis, hiking, surfing — and of all things — occasional violin lessons.

The paddling season starts off with Regatta season, which is the short distance sprint season. As a first-year novice paddler, called a Novice B, Candy's June 2 race was a quarter mile and only took about two minutes.

"Our boat actually won the Oahu Championships in July and made it all the way to the state championships in Hilo, on the Big Island the beginning of August. Once regatta season ends in August, distance season begins," she said. "Distance season has consisted of a lot of long hard training. There are only three official races to the season and one pre-season race.

"It was awesome," Candy said of the Molokai Challenge or Na Wahine O Ke Kai Sept. 29," and exhausting." Na Wahine O Ke Kai is Hawaiian for The Women of the Sea.

The Healani Canoe Club put three boats in the race. Candy's boat completed the race in seven hours and 12 minutes coming in 37th out of 55 teams who entered the race.

The first distance race Candy paddled in was the Dad Center race from Kailua to Waikiki, the second was the E Lau Hoe race from Ala Moana to Pokai Bay in Waianae, and the Molokai Challenge was the last one.

"Regatta races are short and exciting because you are never too far away from your opponents, but I enjoy distance the most," the New Jersey native said. "Distance races are exhilarating. There are areas where the water is extremely rough, and if the steersman makes one wrong move you can get thrown against rocks or huli



Courtesy photo

1st Lt. Nicole Candy and other members of the Healani Canoe Club paddle on a practice run in preparation for the Sept. 29 Molokai Challenge race.

(flip over). There is great camaraderie in the boat, and everyone works to motivate each other."

Unique things Candy enjoys about being a part of canoeing include the Pule or a Hawaiian prayer, which is said before every race. "We bless the boats before every race, and during regatta season they even had a hula presentation just prior to many of the races," she said.

Candy sees parallels between nursing and paddling. "We have a really good team environment on the SNCC," she said smiling. "We work together and pass patients back and forth to one another so we really have to communicate with one another to make sure everything is covered. That's true with the crew on the canoe too. Everyone has to communicate with everyone else to make sure things run smoothly."

Nanette Trent, head nurse of the SNCC and Candy's supervisor for the last 16 months, believes Candy has brought back "great lessons to the staff" since beginning paddling.

"It has helped balance her both personally and professionally," Trent said. "She's really stepped up to the plate and taken more of a leadership role here, as I am sure she has with her paddling team."

"The synchronization, discipline, and harmony, paddling takes has been really good for her and for our clinic team," Trent said. She rowed in college so completely understands what Candy is going through with paddling. "You need team harmony and team balance to be successful in paddling and at work. Plus, I think it's so great she's taking advantage of this opportunity and experiencing as much of the Hawaiian culture as she can while she's here."

The boat is given a lot of respect in paddling, you never wear shoes in the boat, you never curse or swear in the boat, you don't ever step over, but always walk around the boat, and the boat gets draped with a lei before races, Candy said.

"Paddling has been one of the best stress relievers I have found," she said. "After a long, busy, stressful day at work, I can head out onto the water and give it everything I've got. Our coaches always tell us to leave everything on the water and come back in spent and that is what I try to do. And at the end of the day, I get to paddle home to a beautiful Hawaii sunset. I have found no better way to end a day!"



Candy

Ask the Doc: Lower back pain common, frustrating condition

TAMC Family Practice Clinic

Q: My back has been bothering me lately. Even after a few weeks, it is still going on. What can I do to get better?

A: Lower back pain is a common and frustrating medical condition.

CAUSES OF BACK PAIN:

* Most often, muscle strain causes back pain. The vertebrae, or bones of the back, are attached to the muscles of the back.

Improper or excessive lifting, prolonged standing/sitting and improper use of exercise machinery can cause these muscles to become strained.

* Bone problems, such as infection or fracture, can cause back pain.

* Nerve problems can cause back pain. This can happen when the nerves of the back become trapped in between the vertebrae.

WHAT TO DO FOR MUSCLE STRAIN:

* Resting the muscles is important. For a while, you may need to limit certain types of activities in order to recover. For a severe strain, you may need to spend or two off your feet altogether.

* Ice helps to reduce muscle strain. It can be placed over the back every one-to-four hours for five-to-15 minutes at a time. A frozen bag of peas or corn is convenient to use. Sometimes, warm compresses help early on if the back pain came on suddenly.

* Anti-inflammatory medication helps to reduce the pain of muscle strain. Be sure to eat food while taking this medication so that it doesn't upset your stomach.

* Gentle stretching of the back is important. Stretching exercises should not be so extreme as to cause pain. Stretching once or twice daily for 15 minutes at a time helps to strengthen the back and to relieve muscle tension.

* Muscle relaxants may be prescribed to you if you have severe back strain. This type of medication can make you sleepy.



Do not drive or operate heavy machinery if you have been given a sedating type of medication.

* As pain improves, return to vigorous activities slowly. It may be tempting to return to strenuous exercise soon, but if your muscle strain is not fully recovered, all the symptoms may return.

* Feelings of depression can change the way the body senses pain. Treatment of depression may be needed when back pain continues for a long time.

HOW TO PREVENT MUSCLE STRAIN:

* Good lifting techniques

* Good posture

* Correct use of exercise equipment

* Weight control and weight reduction

WARNING SIGNS

Nerve and bone problems can be serious! Make sure that you see a doctor if you have these warning signs:

* Back pain that gets worse when lying still;

* Back pain that is not made better with rest;

* Back pain with a high fever, which may be a sign of a bone infection;

* Back pain following a significant injury — like a car crash or a fall from a height greater than your own height;

* If you are 40 or older, back pain following a minor injury;

* If you are 40 or older, a new type of back pain that you have never experience before;

* Loss of strength or sensation in the legs.

Loss of bowel or bladder function and loss of sensation in the groin is a sign of very serious nerve damage. Go to the nearest emergency room immediately if this happens. If surgery is delayed, the damage might not be able to be reversed.

If significant, activity-limiting pain continues for longer than a full month, it may be a sign that there is more going on than just muscle strain.

For more information on any of the Ask the Doc topics, check out <http://familydoctor.org>.

Tax forms to be available online through DFAS

Staff Sgt. Marcia Triggs

Army News Service

Defense Finance and Accounting Service is putting pay information at the fingertips of the military community.

Beginning in January, the 2002 W2 tax forms will be available online through DFAS' myPay system.

A personal identification number is needed to access personal accounts. Service members, retirees and civilian employees who do not remember receiv-

ing their PIN or do not remember the number can go to <http://www.dfas.mil/>, and click on myPay, which is under the "Money Matters" heading.

Due to security reasons PINs are mailed to the recipients, and it could take from three to seven days to get the number after the request has been made, said Catherine Ferguson, a DFAS spokeswoman.

"We decided to put the W2 form online because we get a lot of phone calls from soldiers who are deployed, have lost their originals or for some reason need another

copy," Ferguson said.

Some of the other finance actions that can be performed online to date are: purchasing savings bonds, managing allotments, viewing and printing travel vouchers.

"One of our goals is to allow customers to do online anything that they previously had to stand in line or wait on the phone to accomplish," Ferguson said.

Customers with questions about myPay can call customer support at (800) 390-2348, Monday through Friday between 7 a.m. and 7:30 p.m. EST.

Information supervisor shares 'bounty' of knowledge

Heather Paynter

TAMC Public Affairs Office

Ann Marie Dela Pena and her team of information specialists have the knowledge to direct any overwhelmed patient, visitor or even an occasional staff member to his or her destination within Tripler Army Medical Center.

Dela Pena is the information management supervisor within Tripler and oversees the Oceanside and Mountainside information centers. She and her staff direct patients to areas within Tripler and they are the center point for emergencies ranging from Code Blues (cardiac arrests) to fires.

The information team, comprised of Dela Pena, eight full-time employees and two Red Cross volunteers, has the ability to locate just about anybody within Tripler and can whip out nearly any department's correct phone number without even double-checking a phone listing. They are also the keepers of a bounty of general information.

"I still learn," said Dela Pena, who has worked at Tripler since 1988, when asked how she can remember so much about such a large medical facility. She prepares each of her staff members for the tough questions that he or she receives on a nearly daily



Heather Paynter

Ann Marie Dela Pena locates a phone number for a patient at the Oceanside Information Desk.

basis by personally training them and sitting with them for their first few weeks at the Information Center.

"I want to make sure everyone is on the same sheet of music," she said. "(The staff) goes to orientation and we have training guides. By the third week, they should know emergency procedures and continue with in-service training and staff meetings. By the sixth week, they start working with a buddy."

Despite the rigors of Dela Pena's typical

work day, she still finds time to decorate the Tripler lobby and Information Center for the holidays and she splits the cost for decorations with her supervisor. "I do it for the patients and I do it because I want to do it," she said. "It's worth it to see the look on their faces."

"She is a great lady to work for," said Paulette Bibbs, one of the center staff members. "She does whatever she can to accommodate us."

Because of the center's schedule that requires around-the-clock staffing, when things come up, Dela Pena does whatever she can to make it work, according to Bibbs.

When not at work, Dela Pena enjoys her three children and 10 grandchildren. The 46-year-old Guam native is also actively involved in Hula and is working toward a bachelor's degree in personnel management. Though her supervisory position at Tripler takes up much of her time, she wouldn't have it any other way.

"I love my job, I love working with patients," she said.

But, she says, even more importantly, she has a hard-working staff. "I have really great people working with me. When you have teamwork, you're good to go."



Margaret Tippy

GREAT GRANDSON

Dr. Clay Alexander, the great, great grandson of Brig. Gen. Charles Stuart Tripler, and his wife, Paula, pose for a photo Sept. 30 under an oil portrait of the general that is on display on Tripler's fourth floor mountainside. Display cases on either side of the portrait contain Tripler's saber, the Field Surgeons Manual he wrote, a copy of the first wheeled ambulance he designed and other memorabilia.

DID YOU KNOW ...

Did you know that in Fiscal Year 2002, Tripler's Capital Expense Equipment Property or CEEP program funded the purchase of several million dollars worth of equipment, which included 68 Infusion Pumps, 119 Vital Signs Monitors, and 25 Hospital Beds? This represents medical and non-medical equipment with a unit cost less than \$100,000. With the help of Resource Management Division, Logistics Division, and the Pacific Regional Contracting Office, Tripler staff was able to convince MEDCOM to provide additional funding.

Did you know that more than 800,000 people are eligible for care at Tripler, and Tripler's area of responsibility spans 52 percent of the earth's surface?



Staff Sgt. Michelle J. Rowan

UNDEFEATED

Members of Tripler Army Medical Center's softball team share their first place trophy with Commanding General Maj. Gen. Joseph G. Webb Jr. (center) after winning the 2002 U.S. Army Hawaii Intramural Softball Championships in August.

The team, which finished the season undefeated, earned the top spot after beating the 65th Engineer Bn. 17-16 during the championship game. Pictured are (from left to right): William Butler, Staff Sgt. Steven Martz, Staff Sgt. Bart Holder, Major General Webb, Command Sgt. Maj. Steven Burton, Staff Sgt. Michael Diodato and Maj. Timothy Barron. Other players not pictured include: Sgt. Timothy Haley, Sgt. Joseph Kopcha, Staff Sgt. Steve Morgan, Staff Sgt. Michael Austad, Sgt. Kenric Lee, Sgt. 1st Class Roberto Rivera, Capt. Steve Crisler, Sgt. Steve Arnold, Staff Sgt. Frederick Bumbry, Sgt. 1st Class James Cose and Sgt. 1st Class Walter Denton.

THE WINNERS CIRCLE

Promotions

Col. Douglas Dudevoir
Lt. Col. Jose Baez
Lt. Col. Vivian Hutson
Lt. Col. Bruce Schoneboom
Chief Warrant Officer 3 Lee Green Sr.
Master Sgt. David Cruz
Sgt. 1st Class Walter Marshall
Capt. Ellis Moffett
Capt. Craig Koeller
Capt. J. Huxel
Capt. Michelle Ripka
Capt. James Truong
Staff Sgt. Frank Dorn
Staff Sgt. P. Carlton
Staff Sgt. N. Ramirez
Sgt. Kimberly Cox
Sgt. Jessica Williams
Sgt. Keyana Washington
Sgt. Santos Quesada
Sgt. R. King

Awards

Lt. Col. Richard Schaefer - "A" Proficiency Designator
Capt. Brad Franklin - Meritorious Service Medal
Alfredo Bess-Guzman - 25-year service pin
Lucina Blanco - 15-year service pin
Susan Pcola-Davis - 15-year service pin
Elaine Goldberg - 15-year service pin
Wayne Levy - 10-year service pin
Donnya Londono - Civilian Achievement Medal
Staff Sgt. Tonya Johnson - CARES Award
Lt. Col. Guy Runkle - CARES Award
Tammy Wright - CARES Award
Reenlistments
Sgt. Mario Hellams
Sgt. Charles Chadwell
Staff Sgt. Jesus Gutierrez

Sgt. Jaqueline Mason
Spc. Victor Medina Feliciano
Sgt. Dianne Jackson
Spc. Landy Pollock
Sgt. Noel Ramirez
Staff Sgt. Michelle Rightmyer
Sgt. Olivia Shortman
Sgt. Christopher Taylor
Staff Sgt. Trent Roberson
Spc. Luis Vargas-Perez
Sgt. Tee Achee
Staff Sgt. Sherrick Cunningham
PLDC graduate
Sgt. Cynthia Richmond
Sgt. Scott Casey
Sgt. John Wright
Spc. David Beadle
Sgt. Jeromy Hebert
Sgt. Larry Purlee
Spc. Christopher Marquez
Sgt. Demirce Mays

SPEAK UP

Patient involvement can make care safer

Iva Lehmann

TAMC Patient Safety Manager

As a patient, you are a member of your health-care team.

The Institute of Medicine has identified the occurrence of medical errors as a serious problem in the healthcare system. It is important that the public become aware of what they can do to help prevent medical errors. Patients can play a vital role in making the healthcare they receive safer by being an active, informed and involved member of their healthcare team. In the past, people literally put themselves, into their physicians hands and expected all decisions to be made for them. Today, however, everyone should be involved in his or her own medical care decisions. Being involved improves not only the safety, but also the outcome of the care given.

An excellent guide is the **SPEAK UP** program sponsored by the Joint Commission on Accreditation of Healthcare Organizations. The advice they give is to:

Speak up if you have questions or concerns.

Pay attention to the care you are receiving.

Educate yourself about your diagnosis, medical tests, and treatment plan.

Ask a trusted family member or friend to accompany you when receiving medical care to be your advocate.

Know what medications you take and why you take them.

Use hospitals, and clinics that have met national standards and are certified.

Participate in all decisions about your treatment.

By speaking up, patients can make their medical care a safer and more positive experience. Research shows that patients who participate in decisions about their health care are more likely to have better outcomes.

Congratulations!!

Congratulations to Tripler Army Medical Center's Head and Neck Oncology Team! The program has been selected as the Department of Defense Center of Excellence Head and Neck Oncology Team.



DoD employee paves way for female athletes

Heather Paynter

TAMC Public Affairs Office

Angie Young, 32, takes pride in the fact that her actions today may be paving the way for young women everywhere. Young is a quarterback for the Pacific Blast, an all-women's football team based in Hawaii. She is also a web developer and systems engineer for the Pacific Telehealth and Technology Hui, a joint DoD/DVA venture, located adjacent to Tripler Army Medical Center, that works to bring medicine and healthcare to people in remote locations through telemedicine technology.

Though Young is pursuing a doctorate in information systems in addition to her position at the Hui, she finds time to practice football three days a week, for a total of about seven hours. Much of this time involves memorizing complicated plays and helping some of the girls, who have never before played football, learn the rules of the game.

Still in its beginning stages, there are more than 100 official teams sprinkled throughout the nation. The women follow National Football League (NFL) rules meaning pads, helmets and full-contact play.

"We hit, and get hit, pretty hard," Young said.

This is the Pacific Blast's first season so the team is building from the ground up, said Young, who is also a captain in the Hawaii Army National Guard. The Blast is currently playing as an independent team



Heather Paynter

Angie Young plays football for the Pacific Blast, a women's football team.

with its opening game scheduled for Oct. 27 at University of Hawaii's Cooke field.

"There is so much interest in football. There are girls here playing high school football," she said.

Young is a lifelong sports enthusiast who wants to give these girls something she didn't have at their age; the hope of playing on a women's professional football team. With women's football gaining ground in the sports world, chances are some could have a career many of them would never before have dreamed possible.

Her interest in the sport began while growing up in Little Rock, Ark. and playing backyard football with friends. She also played basketball, threw discus, played college volleyball at Northwestern State University in Louisiana and, for four years, was the

starting pitcher for the All-Army softball team. She has a distinguished athletic background, but the position she holds now with the Pacific Blast may be her largest source of pride yet.

Young places her reasons for playing into two categories: her love of competition and the drive to pave a trail for young girls playing football. "I want to be part of history and help develop women's football. What's the point of (girls in high school) playing if they can't look forward to something?" she said. "I want to open doors for women in the future."

The 40-member Pacific Blast plays teams from throughout the country and travels to the mainland to play organizations in Arizona and Los Angeles. Those interested should check out www.pacificblast.com for more information.



Staff Sgt. Michelle J. Rowan

FOOTBALL

Wesley Jones (54) of Tripler's Nutrition Care Division slips past a few opponents during an intramural flag football game Oct. 9 at the Fort Shafter Bowl. Jones' team is actually a U.S. Army Dental Activity Hawaii-Tripler combined team.

Currently, the team's record is 3-4 with about a month left in the regular season. Come out and support the team when they face off against other U.S. Army Hawaii teams Oct. 29 at 5:45 p.m., Nov. 5 at 5:45 p.m. and Nov. 6 at 6:45 p.m. at the Fort Shafter Bowl.

NEWS BRIEFS

Tripler Blood Drive set for Nov. 19

— Ablood drive is set for Nov. 19 from 9 a.m. to 2 p.m. at Tripler's Blood Donor Center, which is located on the second floor, A-wing.

For more information, call 433-6195.

NEX Pharmacy to open Oct. 25 —

Beginning Oct. 25, military beneficiaries on the island of Oahu will have the option to call in their prescription refills for pick up at the Mall at Pearl Harbor (the new Navy Exchange).

Oct. 25, which is when the Mall is set to have its grand opening, will be the first day that refill calls will be accepted for the new site. The first day for pick up of refill prescriptions will be Oct. 28.

The hours of the new Consolidated Refill Pharmacy will be 10 a.m. to 6 p.m. Monday through Saturday. The telephone number for the automated call-in system will remain the same, 433-6962.

For more information about the new location, call the Tripler Outpatient Pharmacy at 433-7880.

Pharmacy offers "brown bag" events — In conjunction with National Pharmacy Week Oct. 20-26, Tripler Army Medical Center's Department of Pharmacy will offer a series of "brown bag" events to give patients the opportunity

to consult a pharmacist about their medications.

During these events, patients can bring in all their medications to include prescription, over-the-counter and herbal products to be reviewed by a pharmacist. The pharmacist can help to ensure that the medications are taken correctly and check for drug-drug, drug-food or drug-herbal interactions.

The "brown bag" event will be offered at the following times: **Oct. 21** -- 1 to 4 p.m.; **Oct. 22** -- 8 a.m. to noon; **Oct. 23** -- 8 a.m. to noon; **Oct. 24** -- 1 to 4 p.m.; **Oct. 25** -- 1 to 4 p.m.

Beneficiaries interested in taking part in the event can check in with pharmacy staff at the Outpatient Pharmacy on the fourth floor during the allotted event times.

For more information, call the Tripler Outpatient Pharmacy at 433-7880.

eCybermission seeks volunteers

— eCybermission, a new national web-based math, science and technology competition for seventh- and eighth-grade students, is looking for volunteers from the Army family to help make the new program a success.

The Army launched the competition Oct. 1 to support the president's education initiative to stimulate American youth's interest in the sciences, according to Army

Chief of Staff Gen. Eric K. Shinseki.

Specifically, the Army seeks "ambassadors" and "cyberguides." Ambassadors make promotional visits to local schools and youth groups to encourage participation in eCybermission. Cyberguides provide online advice to students as they complete their projects.

In future years the competition is slated to expand to include high school-age students.

To learn more about eCybermission, visit www.ecybermission.com or e-mail missioncontrol@ecybermission.com. To become a program ambassador, send an e-mail to ambassadorprogram@bah.com; to become a cyberguide, send your e-mail to cyberguideprogram@bah.com.

TRICARE brief set for those separating from military

— Service members set to retire or separate from the military in the next few months are invited to attend a TRICARE briefing explaining their TRICARE options.

The briefings are held the second Friday of every month from 11 to 11:30 a.m. at the Aloha Center on Schofield Barracks. The briefings are on a walk-in basis, and spouses are also welcome to attend.

For more information, call Charlene Shelton at 655-8945 or Philippa Davidson at 840-4730.

Come on
Tripler ohana **Let's get fit!!!**

Did you know there are FREE lunchtime exercise classes offered at Tripler's Physical Fitness Center every Tuesday and Thursday?

Classes run from 11:30 a.m. to 12:15 p.m.

Oct. 22 -- Massage and relaxation

Oct. 29 -- Fitness walking

Nov. 5 -- Kickboxing

Nov. 12 -- Massage & relaxation

Nov. 19 -- Low impact aerobics

Nov. 26 -- Fitness ball

Dec. 10 -- Kickboxing

Oct. 24 -- Strength training

Oct. 31 -- Kickboxing

Nov. 7 -- Power walking

Nov. 14 -- Kickboxing

Nov. 21 -- Yoga

Dec. 5 -- Basic strength training

Dec. 12 -- Power walking

For more information, call Tripler's Community Health Nursing section at 433-6834.

